

KindTree – Autism Rocks Friends & Family Camp

HEALTH & SAFETY INFORMATION

Medications? Yes No | I am able to take my medication independently Yes No

While at camp, I will use an audible alarm to remind me to take my medications. Yes No

List any medicine and reason for taking: Use additional sheet and attach to this form, if necessary.

Prescription Medication? Yes No I give permission to the Kind Tree-Autism Rocks staff to assist me in taking prescription medication if needed during an activity. I will bring the medication in its original prescription vial showing dosage, times and amounts.

1. _____ 2. _____
3. _____ 4. _____

Seizures? Yes No | Are seizures controlled by medication? Yes No

Describe Type & Frequency: _____

Please check all seizure triggers:

- Loud Noises Large/Open Spaces Internal Temperatures (hot/cold) Weather
 Flashing/Bright Lights Small/Closed Spaces Odors/Smells Other: _____

BEHAVIORAL INFORMATION

Are you using a specific plan for behavior? Yes No If yes, please attach the plan to this form or summarize plan here:

Please check any of the following situations or events that may be behavior triggers:

- Loud Noises Large/Open Spaces Internal Temperatures (hot/cold) Weather
 Flashing/Bright Lights Small/Closed Spaces Odors/Smells Other: _____

Enter Camper Name and Age HERE

